

NATIONAL Assessment Centre Services (M11 12451) **SN0823520003**

Date In: 03/05/2023 09:17	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBS/2162300/0001/1	E-mail (within 2hrs, A/C 2hrs)		
Vehicle: S415 18887	1-Motor Claim Form		
D.O.A: 01/05/2023 00:15	1-Motor W/O (within 2hrs, A/C 2hrs)		
OD: TP: Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / OW: () Tel: () Fax: ()

TP Particulars: () Veli No: SLB683711 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Hst Status (WO): 10-0-30%, P: 21-72%, F: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Cost: ()

Remarks: (INC Noting: 071810014) Done by: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date of Incident: ()

Location: ()

Witness: ()

Police Report: ()

Insurance Claim: ()

NA201293

Invoice Preparation Charge: ()

1) All: Accident Passport (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee	\$10/\$15
4) PT: Yellow Tag Survey	\$120
5) TP: Yellow Tag Survey (Emergency)	\$30
6) TR: Disbursement	\$75
7) NI: New DA + SMRT Survey	\$140
8) NTUC Additional Fee	
9) NTUC	
10) NI: Courtesy Car / Tel Allowance	\$30
11) NI: Repair Coordination	\$15
12) NI: Post Repair Inspection	\$15
13) NI: BY / Collect Excess Coordination	\$15
14) TP (M11) / TP (Non-INC) / Valued INC	\$20
15) NI: 11th Mile	\$10

Checked by (Engr-In-Charge): ()

Customer Comments: ()

Signature: ()

Date: ()

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Actual Driver**
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	03/05/2023 09:17 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/05/2023 00:15 (SGT)
Exact Location of Accident	Second Link Expy, Kampung Ladang, Gelang Patah, Johor, Malaysia
Additional Location Information	TOWARDS TUAS CHECKPOINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB4848T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO CHONG CHYE
NRIC No	SXXXX564H
Email Address	ho_darren@yahoo.com
Mobile Phone No	(Phone) +65-84983977
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Gs350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2995

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210157217

DRIVER

Name of Driver	HO CHONG CHYE
NRIC No	SXXXX564H
Date Of Birth	06/08/1981

Occupation	Indoor
Date Of Driving Pass	17/01/2001
Driving experience	22 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84983977
Alt. Phone Number	-
Email Address	ho_darren@yahoo.com
Address	77 ANCHORVALE CRESCENT #14-16
Address complement	-
Postcode	544663
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	HUANG CAI PING JOANNE
Gender	Female

PASSENGER 2

Name	RAFAEL
Gender	Male

PASSENGER 3

Name	RAEANN
Gender	Male

PASSENGER 4

Name	RAIDEN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230501/7015

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLB4437U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person HO CHONG CHYE
Gender Male
Phone No (Phone) +65-84983977
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SNB4848T
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person HUANG CAI PING JOANNE
Gender Female
Phone No (Phone) +65-90068544
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SNB4848T
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:


(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:


- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

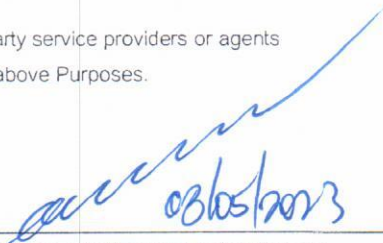
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

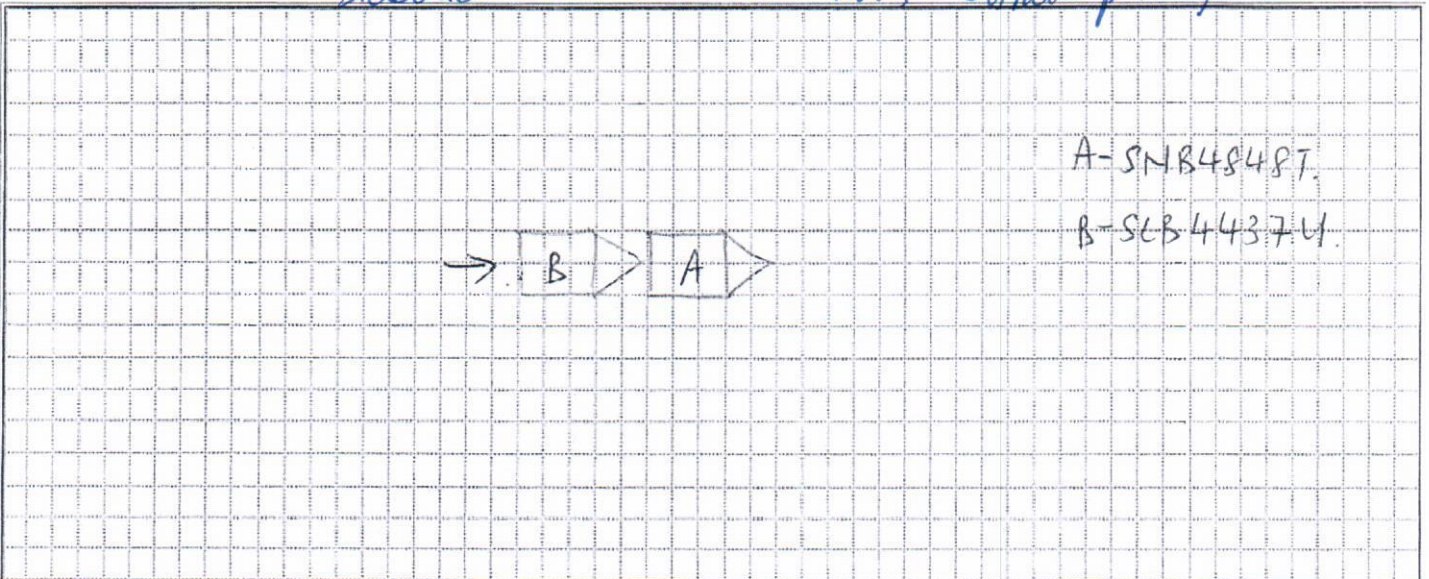

Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

SECOND LINK FORMER WAS CHECK (AIN)



The sketch plan area contains a grid with a handwritten diagram showing two vehicles, labeled 'B' and 'A', moving from left to right. Vehicle 'B' is ahead of vehicle 'A'. To the right of the diagram, the following vehicle details are handwritten:

- A-SNB48487.
- B-SLB44374.

Describe Circumstance of the Accident

As per police report attached T/20230501/7045

Declaration

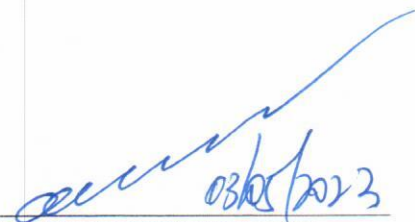
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230501/7045

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230501/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/05/2023 19:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HO CHONG CHYE			Address: 77 ANCHORVALE CRESCENT #14-16 SINGAPORE 544663		
ID Type / ID No.: NRIC NO / S8122564H			Contact No.: Home/Office: Mobile: 84983977		
Nationality: SINGAPORE CITIZEN			Email: HO_DARREN@YAHOO.COM		
Sex: Male	Age: 41	Date of Birth: 06/08/1981	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Electronics engineer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/05/2023 00:15	Type of Location: Straight Road
Location: SECOND LINK				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB4437U	Car	TOYOTA	WISH	Silver		2
SNB4848T	Car	TOYOTA	LEXUS GS300	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230501/7045

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Report No. T/20230501/7045

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB4848T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210157217	30/12/2021	03/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	HUANG CAI PING JOANNE		ID No.	S8338969I
Related Vehicle	SNB4848T (Car)		Contact No.	90068544
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/05/2023		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Serious
Driver				
Name	HO CHONG CHYE		ID No.	S8122564H
Related Vehicle	SNB4848T (Car)		Contact No.	84983977
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	01/05/2023		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Serious

Brief Details.

MY VEHICLE (SNB4848T) WAS STATIONARY AT MALAYSIA/SINGAPORE SECOND LINK TOWARDS TUAS CHECKPOINT DIRECTION. SUDDENLY I FELT A HUGE JERK AND HEARD A LOUD 'BANG' FROM MY REAR. UPON ALIGHTING, I REALISED THAT SLB4437U HAD CRASHED INTO THE REAR OF MY VEHICLE. SHORTLY AFTER THE ACCIDENT, I STARTED FEELING SORENESS IN MY NECK AND BACK. MY WIFE WHO IS ONE MY PASSENGERS ALSO COMPLAIN OF SORENESS IN HER NECK, BACK AND PAIN ON HER LEFT ELBOW. WE PROCEEDED TO INTAMEDICAL TECK GHEE TO SEEK TREATMENT. BOTH OF US WERE GIVEN 3 DAYS MC FOR THE INJURIES CAUSED BY THE ACCIDENT.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230501/7045

3 of 3

Report No. T/20230501/7045

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
01/05/2023 19:11

Classification Of Case:

m

Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Date of Accident: 01/05/2023 (dd/mm/yy) Time of Accident: 00:15 (24-HR-FORMAT)

Vehicle No.: SNB4848T Vehicle Make & Model / Engine (cc): Lexus GS300 2999cc Private Hire: (Y/N) (N)

Exact location of Accident: Second link towards Tuas checkpoint

Policyholder's Name / IC No.: Ho Chong Chye ROC/UEN (Company): _____

Driver's Name / IC No.: S8122564H (As Above) ☐

Driver's Contact No.: 84983977 Company Contact No / Owner Contact No: 84983977

Driver's Address: 77 Anchorvale Crescent #14-16 Singapore 544603

Owner Email address: ho-darren@yahoo.com Insurance Company: AIG

Driver Email address: as above 7210157217.

17/01/2001

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 5

***Passenger Name:** Joanne Huang Cai Ping Joanne

Gender: Male / Female x()

***Passenger Name:** Rafael

Gender: Male / Female x()

Raeann (F) Raiden (M)

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Ho Chong Chye / Huang Cai Ping Joanne

Injuries Sustain: _____ Injured Person in Which Vehicle: SNB 4848T

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Traffic Police

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLB44374

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY ONLY PRIVATE VEHICLE

Name of Policyholder : HO CHONG CHYE
Period of Insurance : 30 Dec 2021 To 03 May 2023
Engine No. : 3GR0167761
Chassis No. : JTHBG96S605039047

Vehicle No. : SNB4848T
Policy No. : 7210157217
Endorsement No. : 000000000464102
Issued Date : 04 Oct 2022 12:32

ABOUT THE COVER

Make/Model : LEXUS GS300

Engine Capacity/Tonnage : 2,995.00 CC

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Sum Insured : NA

Off Peak Car : No

First Year of Registration : 2006

Insuring with COE/PARF : NA

Age Condition : All Age Condition

Mileage Condition : Unlimited Mileage

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Section 2

Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

HO CHONG CHYE

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

For Approved Reporting Centres, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502881000

TAN THIAM POH JOSEPH

BLK 425 BEDOK NORTH ROAD #07-543

SINGAPORE 460425

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

THIAM POH JOSEPH